## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

980017

| (Column 1) (Column 2)            |  |   |                                    |                                   |              |                                      |        | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|----------------------------------|--|---|------------------------------------|-----------------------------------|--------------|--------------------------------------|--------|---------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS                     |  |   | (Coldini) 1)                       |                                   | (Column 2)   |                                      |        |                     |                        | OR<br>7 |                            |                        |  |
|                                  |  |   | 5.5                                |                                   | · .          |                                      |        | RATE                | FEE                    | -       | RATE                       | FEE                    |  |
| FOR .                            |  |   | NUMBER FILED                       |                                   | NUMBER EXTRA |                                      |        | BASIC FEE           | 385.00                 | OR      | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS          |  |   | 5 3 minus 20=                      |                                   | * 33         |                                      |        | X\$ 9=              |                        | OR      | X\$18=                     | 594                    |  |
| INDEPENDENT CLAIMS               |  |   | // minus 3 =                       |                                   | - 1          |                                      |        | X43=                |                        | OR      | X86=                       | 16                     |  |
| ML                               | ILTIPLE DEPEN                                  | NDENT CLAIM P                             |                                    |                                   |              |                                      | +145=  |                     | OR                     | +290=   | * -                        |                        |  |
| * If                             | the difference                                 | ero, enter                                | "0" in c                           | column 2                          | Į            | TOTAL                                |        | OR                  | TOTAL                  | 1450    |                            |                        |  |
| CLAIMS AS AMENDED - PART II      |  |   |                                    |                                   |              |                                      |        | ,                   |                        | •       | OTHER                      | THAN                   |  |
|                                  |  | (Column 1)                                | (Column 2)                         |                                   |              | (Column 3)                           |        | SMALL               | ENTITY                 | OR      | SMALL                      | ENTITY                 |  |
| AMENDMENT A                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                  | Total  | *   | Minus                              | **                                | _            | =                                    |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|                                  | Independent                                    | *   | Minus                              | ***                               |              | =                                    |        | X43=                |                        | OR      | X86=                       |                        |  |
| Ĺ                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                   |              |                                      |        | 145                 |                        |         | .000                       |                        |  |
|                                  |  |   |                                    |                                   |              |                                      |        | +145=               |                        | OR      | +290=                      |                        |  |
|                                  |  |   |                                    |                                   |              |                                      |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3) |  |   |                                    |                                   |              |                                      |        |                     |                        |         |                            |                        |  |
| AMENDMENT B                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUMI<br>PREVIC<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                  | Total  | *   | Minus                              | **                                |              | =                                    |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
| ME                               | Independent                                    | *   | Minus                              | ***                               |              | = .                                  |        | X43=                |                        | OR      | X86=                       |                        |  |
| 4                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                   |              |                                      |        |                     |                        | Un      |                            |                        |  |
|                                  |  |   |                                    |                                   |              |                                      |        | +145=               |                        | OR      | +290=                      | •                      |  |
|                                  |  | A   | TOTAL<br>DDIT. FEE                 |                                   | OR           | TOTAL<br>ADDIT. FEE                  | •      |                     |                        |         |                            |                        |  |
| (Column 1) (Column 2) (Column 3) |  |   |                                    |                                   |              |                                      |        |                     |                        |         |                            | ·                      |  |
| AMENDMENT C                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                  | Total  | *   | Minus                              | **                                |              | = .                                  |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|                                  | Independent                                    | *   | Minus                              | ***                               |              | =                                    |        | X43=                |                        | أي      | X86=                       |                        |  |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                   |              |                                      |        | +145=               |                        | OR      | +290=                      |                        |  |
| • 1                              | f the entry in colu                            | mn 1 is less than th                      | e entry in colui                   | nn 2, write                       | "0" in col   | umn 3.                               | .L     | TOTAL               |                        | OR      | TOTAL                      | ·                      |  |
| ** [                             | f the "Highest Nu<br>If the "Highest Nu        | mber Previously Pa<br>mber Previously Pa  | iid For IN THIS<br>iid For IN THIS | S SPACE is<br>S SPACE is          | less than    | n 20, enter "20."<br>n 3, enter "3." | ~      | DDIT. FEE           |                        |         | ODIT. FEE                  |                        |  |
|                                  | The "Highest Num                               | ber Previously Pai                        | d For" (Total or                   | Independe                         | int) is the  | highest numbe                        | r foun | nd in the app       | ropriate box           | in col  | umn 1.                     |                        |  |